These classes are offered in conjunction with Colorado State University Extension Agents.

Company Name: __________________________________________________________

Attendee Names: ________________________________________________________

Address: __________________________________________________________________

Phone & E-mail: ____________________________________________________________

Location: Seminars are held at the CNGA Office, 959 S. Kipling Pkwy., Lakewood CO, 80226  Directions: (Google maps are incorrect) take 6th Ave. West to Kipling St. Head south on Kipling to Kentucky. Go west on Kentucky to the first street – labeled private drive. Turn left onto the private drive which goes directly into our parking lot, we are located next to the Brunswick Bowling Alley.

<table>
<thead>
<tr>
<th>Attendee Names:</th>
<th>Dates:</th>
<th>All classes run from 9-3 pm</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>October 11th - General Seminar Part 1</td>
<td></td>
<td>$65</td>
</tr>
<tr>
<td></td>
<td>October 13th - General Seminar Part 2</td>
<td></td>
<td>$65</td>
</tr>
<tr>
<td></td>
<td>General Seminar Book</td>
<td></td>
<td>$30</td>
</tr>
<tr>
<td></td>
<td>October 18th - Ornamental Seminar/ includes book</td>
<td></td>
<td>$95</td>
</tr>
<tr>
<td></td>
<td>October 20th - Turf Seminar/includes book Revised 10/ 2016</td>
<td></td>
<td>$95</td>
</tr>
</tbody>
</table>

Seminars include lunch     Totals:__

Registration deadline is Friday September 30th, please call for availability after this date. Cancellations must be made with CNGA 48 hours in advance.

Neither CNGA nor the instructors are affiliated with the CDA or the CPA licensing exam. The CDA does not endorse the CPA seminars. For testing information, contact the Colorado Department of Agriculture at 303-869-9000 or visit their website https://www.colorado.gov/pacific/agplants/commercial-pesticide-applicators

Colorado Nursery & Greenhouse Association
959 South Kipling Parkway Suite 200, Lakewood CO 80226 / Phone: 303-758-6672 / info@coloradonga.org

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Card #: ___________________________________________ Exp.: ___________  V-Code: ________________

Billing Address: __________________________________________

Name on Card: __________________________________________

Receipt E-mail: _________________________________________

Total Amount $: ______________________  PO#: ___________ Phone #: ____________________________